



Building Code Modification Request

COUNTY USE ONLY

Date Rec'd. _____

File No. _____

Assigned _____

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email address: _____

Signature: _____ Date: _____

PROJECT INFORMATION

Name: _____

Address: _____

Permit Number: _____ Plan Number: _____

Code or design deficiency identified by (if applicable): _____

CODE/SECTION(S)

Code(s) (IBC, IMC, IPC, etc.) and year-edition: _____

Section(s) and/or Subsection(s): _____

REQUEST/SOLUTION

Describe the code or design deficiency and practical difficulty in complying with the code provision:

Describe the proposed equivalent method of code compliance (attach supporting documentation):

Please mail or deliver the completed form and any supporting documentation to the address below or fax to 703-324-1847. You may also email scanned copies to buildingofficial@fairfaxcounty.gov.

Code Modification Review Committee
12055 Government Center Parkway, Suite 444
Fairfax, VA 22035-5504